

Interstitial cystitis/bladder pain syndrome clinical recipes for success: A tasty reference for all urologists

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As Dr. Curtis Nickel transitions into his Professor Emeritus status, if this article is any indication, he is undoubtedly busier than ever and, as always, we will all be better for it. It takes a certain amount of courage to pull back the curtain and reveal your most closely held thoughts and clinical secrets to success. Although shy or introverted are characteristics never previously used to describe Dr. Nickel, we nonetheless thank him for his in-depth share, a sort of compendium for an approach to interstitial cystitis/bladder pain syndrome (IC/BPS).

Dr. Nickel's piece is a thorough and thoughtful approach or collection of "recipes" for IC/BPS from one of the foremost experts in the field. A collection of his experiences, successes, and innovations in treating this enigmatic disease that has spurred his 35 years of clinical practice and inspired his prodigious research career. The clinical recipes are organized as you might expect: tips on diagnosis, followed by a collection of recipes for treatment, and closing with what is perhaps the most special part of this cookbook — a thorough

description of management based on some common phenotypes of the disease, advocating for a multimodal, multidisciplinary approach.

While we are in the process of updating our own Canadian Urological Association guideline on the topic, it has become clear to us that aside from a few straightforward clinical scenarios, this disease lacks an abundance of high-quality evidence to help guide us. We should, therefore, recognize that when it comes down to it, this shared experience is, in some ways, the best guidance we can have for management of IC/BPS — a retrospective from a true leader in the field.

And so, we come back again to this idea of a recipe book. A recipe is meant to act as a guide, a roadmap for the chef to improvise and tweak along the way, depending on taste, region, guests, etc. Dr Nickel has, for years, provided us with big-picture thinking in this challenging disease, and this paper is no exception. We hope it will serve as a building block for improved care and inspire the next generation toward improving evidence to help guide us in treating this challenging chronic pain condition and positively impact our patients' quality of life.

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